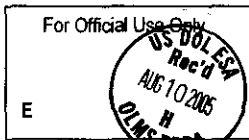


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4848</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Jerry</u> <u>Hintz</u> P.O. Box, Bldg., Room No., if any _____ Street <u>807 40th Street SE</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers AFL/CIO Local Union 263</u> Labor Organization File Number <u>023-962</u> P.O. Box, Building and Room Number, if any _____ Street <u>1211 Wiley Blvd. SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404-1320</u>
5. Position in labor organization. <u>Member Union Executive Board</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Information on this form is my best present recollection
Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>X</u> <u>Jerry L Hintz</u>	On <u>8/4/05</u> <u>319-373-3011</u> Date Telephone Number

Name of Person Filing Jerry Hintz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sheet Metal Workers Local Union Trade Name, if any: No. 263 Health and Welfare Plan P.O. Box, Bldg., Room No., if any _____ Street 1211 Wiley Blvd. SW City Cedar Rapids State Iowa ZIP Code + 4 52404	11.a. Nature of such dealing. 1. See schedule from Form LM-10 - Part B attached. Union Trustee on Joint Board of Trustees which administers Plan. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. 1. See schedule from Form LM-10 - Part B attached. 12.b. Amount. \$1,115

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Part B

Name of Reporting Employer: Sheet Metal Workers Local Union No. 263	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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<p>9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both</p>	<p>9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Shop Union Sheet Metal Worker</p>	
<p>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</p> <p>Name Jerry Hintz</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 807 40th Street SE</p> <p>City Cedar Rapids</p> <p>State Iowa ZIP Code + 4 52404</p>	<p>9.d. Name and address of firm or labor organization with whom employed or affiliated.</p> <p>Organization Climate Engineering, Inc.</p> <p>P.O. Box, Building and Room Number, if any</p> <p>P.O. Box 401</p> <p>Street 883 Shaver Rd NE</p> <p>City Cedar Rapids</p> <p>State Iowa ZIP Code + 4 52402-4507</p>	
<p>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</p> <p>None</p>	<p>10.b. The promise, agreement, or arrangement was:</p> <p><input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both</p> <p>(*Written agreements entered into during the fiscal year must be attached.)</p>	
<p>11.a. Date of each payment or expenditure (mm/dd/yyyy).</p> <p>02/04/2004</p> <p>05/12/2004</p> <p>08/04/2004</p> <p>11/03/2004</p> <p>01/20/2004</p>	<p>11.b. Amount of each payment or expenditure</p> <p>289</p> <p>237</p> <p>264</p> <p>211</p> <p>84</p>	<p>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</p> <p>Payment - Cash</p> <p>Payment - Cash</p> <p>Payment - Cash</p> <p>Payment - Cash</p> <p>Payment - Cash</p>
<p>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.</p> <p>Lost time and reimbursed expenses</p>		

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Name of Person Filing Jerry Hintz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Wells Fargo Bank Iowa, N.A.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1800 1st Avenue NE</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52401</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Sheet Metal Workers Local Union</u> Trade Name, if any: <u>No. 263 Health and Welfare Plan</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1211 Wiley Blvd. SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404</u>	11.a. Nature of such dealing. <u>Golf outing to which business customers and Trustee's of Trust Fund were invited.</u> 11.b. Approximate dollar value of such dealing. <u>\$62</u> 12.a. Nature of interest held or income received. _____ 12.b. Amount. _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ 14.b. Amount of payment. _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Jerry Hintz	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers Local Union No. 263</p> <p>Trade Name, if any: Retirement Savings Plan</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1211 Wiley Blvd. SW</p> <p>City Cedar Rapids</p> <p>State Iowa ZIP Code + 4 52404</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Union Trustee on Joint Board of Trustees which administers Plan.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursed lost time Trustee, educational expenses and Trustee meeting expense.</p>
	<p>12.b. Amount. \$114</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>